



REGISTRATION 2013

Name of Participant: _____

Participant is a: _____ Student (Age: _____) _____ Educator (Position: _____) _____ Adult Writer

Home Phone Number: _____ Cell: _____

Mailing Address: _____

Email Address: _____

Although we have plenty of tech tools to share at Studio, we encourage writers to bring their own devices. When you BYOD, you are better able to continue writing after our time together has passed. If you plan to BYOD, please let us know what device you will be bringing: _____

If registrant is under the age of 18, please provide names of parents or guardians:

Workshop(s) Requested (List All by Session Letter/Number): _____

*Please detach and submit registration form with check payable to WNY Young Writers' Studio.

3062 Delaware Avenue
Kenmore, New York 14217

You may also register online at <http://wnyyws.org>